

New Life Church  
Canton, PA  
570.673.5810

**Facility Use Contract - for Non-Profit Civic or Church Group**

Type of Event \_\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Day of Week\_\_\_\_\_

From \_\_\_\_\_am/pm to \_\_\_\_\_ am/pm

**Person renting the facility:**

Name: \_\_\_\_\_

Address: Street \_\_\_\_\_City \_\_\_\_\_State \_\_\_\_\_Zip\_\_\_\_\_

Phone: Home#\_\_\_\_\_ Cell#\_\_\_\_\_

Email: \_\_\_\_\_

**Areas of Use (check where applicable):**

- |                      |                       |                   |                   |
|----------------------|-----------------------|-------------------|-------------------|
| ____ 1. Kitchen      | ____ 2. Family Center | ____ 3. Sanctuary | ____ 4. Lobby     |
| ____ 5. Classroom #3 | ____ 6. Classroom #8  | ____ 7. Pavilion  | ____ 8. Ballfield |
| ____ 9. Other _____  |                       |                   |                   |

**Reservation Deposit (please initial)**

\_\_\_\_ I agree to a non-refundable Reservation fee to secure the date on NLC calendar.

**Security Deposit (please initial)**

\_\_\_\_ I agree to a refundable security/damage deposit of \$100.00 for each area reserved, to be refunded one week following the event minus the costs to cover any unforeseen cleaning and/or damages to the facility. If there are no damages the security deposit will be fully refunded.

\_\_\_\_\_  
Print Name Signature Date

## Facility Rental Fees:

## Payment Schedule

Check all areas that apply		Reservation Fee & Security Deposits due when reserving facility Date _____	Balance due 6 weeks prior to event Date Due _____
<b>Reservation fee (non-refundable) must be paid to reserve the date on NLC calendar</b>	\$ 100.00		
<b>Security/Damage Fee</b> (refundable 1 week following the event) <b>Sanctuary</b> Rental Fee (this will cover the cost of cleaning and the fee for audio technician)	\$ 100.00 \$ 150.00		
<b>Security/Damage Fee</b> (refundable 1 week following the event) <b>Family Center</b> Rental Fee (with tables) <b>Family Center</b> Rental Fee (without tables)	\$ 100.00 \$ 185.00 \$ 85.00		
<b>Security/Damage Fee</b> (refundable 1 week following the event) <b>Kitchen</b> Rental Fee	\$ 100.00 \$ 125.00		
<b>TOTAL CHARGES</b>	\$	\$	\$
RESERVATION AND SECURITY/DAMAGE DEPOSIT DUE		Check # _____ Rec'd. _____	
BALANCE DUE 6 WEEKS PRIOR TO EVENT			Check # _____ Rec'd. _____
Total amount of security deposit returned	\$	\$	\$

*A Security Deposit is required for each and every area. Above costs are effective as of January 1, 2012 and subject to change. Should you have any other questions or concerns regarding your event at New Life Church, please contact the church office at 570-673-5810.*

Kitchen Supervisor not needed when using a church-approved caterer. Check with the church office for a list of church-approved caterers.

Signature:

Date:

**Holds Harmless Agreement**

I/We the undersigned, in consideration on being allowed to use the property and facilities of New Life Church, 299 McMurray Rd., Canton, PA do agree to hold the said church, it agents, members and employees harmless from any damages or injuries resulting at any time, heretofore or hereafter, from the usage of said property and facilities.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed: \_\_\_\_\_

On behalf of (organization): \_\_\_\_\_